PALISADES school district
INSPIRED TO LEAD. PREPARED TO SUCCEED

39 Thomas Free Drive
Kintnersville, PA 18930
(610) 847-5131

VOLUNTEER SERVICE EXPERIENCE

PALISADES SCHOOL DISTRICT

TIME CARD

Student Name: _____ Portfolio Mentor: _____

Grade: _____

STUDENT RESPONSIBILITIES

1. Complete required district and agency paperwork prior to beginning service.
2. Record all hours accurately for each day and have the time card verified by the Agency Contact Person.
3. Reflect on your experience by completing the journal.
4. Be punctual and reliable.
5. Dress appropriately.
6. Maintain a professional attitude at all times.

Directions: This time card is required to maintain a record of the hours you have volunteered. Please be advised that it is important to bring this time card with you to volunteer experiences, as you must obtain the signature from the Agency Contact Person. All information in the chart must be completed accordingly.

(Middle school students = **6 volunteer hours**. High school students = **12 volunteer hours**.)

VOLUNTEER EXPERIENCE TIME CARD

Date	Name of Agency	Hours	Agency Contact Signature	Parent/Guardian Signature

35 Church Hill Road
Kintnersville, PA 18930
(610) 847-5131

VOLUNTEER SERVICE EXPERIENCE
PARENT WAIVER

Student Name: _____ Grade:_____

Name of Agency: _____ Phone No:_____

Address: _____

Contact Person(s): _____

Date(s) of Volunteer Service:_____

I, _____, the parent or legal guardian of the child named above, chose to identify a service experience for my child that was outside the list of district-approved providers and thereby assumed all risk of harm or injury that may have occurred in the normal course of participation in this experience.

Parent/Guardian Signature_____ Date _____